

PTO/SB/17 (10-08)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).

**FEE TRANSMITTAL  
For FY 2009** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **827.00**

<i>Complete If Known</i>	
Application Number	10/764,632
Filing Date	JANUARY 26, 2004
First Named Inventor	RAYMOND A. JOAO
Examiner Name	V. LUBIN
Art Unit	3626
Attorney Docket No.	RJ213

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
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 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fee Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
44	- 20 or HP = 12	x \$26.00 = \$312.00		52	26

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
5	- 3 or HP = 1	x \$110.00 = \$110.00		390	195

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

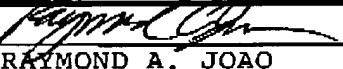
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	<u>Fee Paid (\$)</u>

**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE FILING FEE \$405.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	35,907	Telephone 914-969-2992
Name (Print/Type)	RAYMOND A. JOAO		Date 7/11/10	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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I hereby certify that this correspondence is being transmitted  
via facsimile transmission to the United States Patent and  
Trademark Office at 571-273-8300 on July 11, 2010.

JUL 12 2010



Raymond A. Joao

RJ213

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : RAYMOND A. JOAO

SERIAL NO.: 10/764,632

FILED : JANUARY 26, 2004

FOR : APPARATUS AND METHOD FOR PROVIDING INSURANCE  
PRODUCTS, SERVICES AND/OR COVERAGE FOR LEASED  
ENTITIES

EXAMINER : V. LUBIN

GROUP : 3626

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL LETTER

Sir:

Please find transmitted herewith the following for  
filing in the above-identified application:

1. Request For Continued Examination (RCE)

Transmittal Form;

07/13/2010 HMARZI1 00000002 10764632

02 FC:2201	110.00	DP
03 FC:2202	312.00	DP

2. Credit Card Payment Form for \$827.00, for payment of the required RCE filing fee (\$405.00), for payment for one (1) additional independent claim (\$110.00), and for payment for twelve (12) additional claims (\$312.00);

3. Fee Transmittal Sheet (in duplicate), for the payment of the required RCE filing fee (\$405.00), for the payment for one (1) additional independent claim (\$110.00), and for the payment for twelve (12) additional claims (\$312.00); and

4. Amendment.

Respectfully Submitted,



Raymond A. Joao  
Reg. No. 35,907

July 11, 2010

Raymond A. Joao, Esq.  
122 Bellevue Place  
Yonkers, New York 10703  
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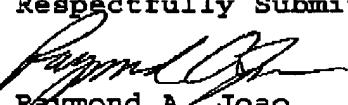
**FAX COVER SHEET**

To: The United States Patent and Trademark Office  
From: Raymond A. Joao, Esq.  
Date: July 11, 2010  
Fax No.: 571-273-8300  
No. Pages: 37 (including cover)

Re: REQUEST FOR CONTINUED EXAMINATION (RCE) - U.S. Patent  
Application Serial No. 10/764,632

To Whom It May Concern:

Please find transmitted herewith a REQUEST FOR CONTINUED EXAMINATION (RCE) for filing in the above-identified application.

Respectfully Submitted,  
  
Raymond A. Joao  
Reg. No. 35,907

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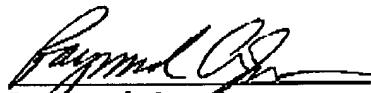
II. CONCLUSION:

JUL 12 2010

In view of the above, the application is deemed to be in condition for allowance and action to that end is respectfully requested. Entry of this Amendment and allowance of pending Claims 1-44 is respectfully requested.

A Credit Card Payment Form for \$827.00, for payment of the required RCE filing fee (\$405.00), for payment for one (1) additional independent claim (\$110.00), and for payment for twelve (12) additional claims (\$312.00), is submitted herewith. A Fee Transmittal Sheet (in duplicate), for the payment of the required RCE filing fee (\$405.00), for the payment for one (1) additional independent claim (\$110.00), and for the payment for twelve (12) additional claims (\$312.00), is submitted herewith.

Respectfully Submitted,

  
Raymond A. Joao  
Reg. No. 35,907

July 11, 2010

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